MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2		/		/			52							
3		/		/			53							
4		/		/			54							
5		/		/			55							
6		/		/			56							
7		/		/			57							
8		/		/			58							
9				/			59							
10		/		/			60							
11		/		/			61							
12		/		/			62							
13		/		/			63							
14		/		/			64							
15		14		/			65							
16		14		/			66							
17	/		/				67							
18		/		/			68							
19		/		/			69							
20		/		/			70							
21		/		/			71							
22		/		/			72							
23		/		/			73							
24		/		/			74							
25		/		/			75							
26		/		/			76							
27		/		/			77							
28		12		/			78							
29		12		/			79							
30		12		/			80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	↓		2 ↓		↓		TOTAL IND.			↓		↓		↓
TOTAL DEP.		28					TOTAL DEP.							
TOTAL CLAIMS		30					TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS